



**Tennessee Higher Education Commission
Off-Campus Site Approval Form**

Date: _____

Institution: _____

Site/Building Name: _____

Site Address: _____

County Name: _____

Proximity to Main Campus: _____ miles

Is site within:

___ County of Main Campus ___ Contiguous County ___ Elsewhere
(If not within county of main campus, attach institutional agreements or provide explanation)

Access to site is:

___ Open (Anyone can enroll) ___ Restricted (Only specific groups may enroll)

Site category is: (Choose one)

- ___ Higher education institution
- ___ Elementary, middle, or high school – Dual Enrollment ONLY
- ___ Elementary, middle, or high school – OTHER
- ___ Business or community center
- ___ Recreational facility
- ___ Other- Specify _____

Has this site previously been assigned a code? Yes/ No

If yes, what was the previous code? _____

Coursework to be offered:

___ Undergraduate Level ___ Graduate Level

Expected semester to begin offering classes at proposed off-campus site: _____

Estimated number of students to be served during first semester: _____

Site is expected to be:

___ one-time ___ short-term (one academic year or less) ___ long-term

Justification for Site Approval

Please provide a detailed justification of need, and an explanation of the intended purpose for this proposed site. The justification should include a detailed overview of (1) need, (2) demand, (3) operational costs and external financial support, and (4) coursework to be offered (including the course name/number). Please use attachments as needed.

Cost Factors

Please include a short narrative around any shared expenses and resources to be used in the implementation of this proposed site (e.g., school district covers costs of materials). Attach additional documentation to this form, as needed.

Estimate **all costs** and **external funds** for the implementation of the proposed site.

	First Semester	First Year (long term only)
Number of faculty needed		
Existing full-time		
Adjunct		
New full-time for site only		
Estimated instructional costs		
New personnel costs	\$	\$
Cost of rental/ lease	\$	\$
Term of lease		
Estimated cost of utilities	\$	\$
Other Total	\$	\$
Equipment	\$	\$
Maintenance	\$	\$
Other (please explain in narrative)	\$	\$
Grand Total	\$	\$
Anticipated External Funds	\$	\$

Note: Upon approval by System/Governing Board and Commission Staff, it is the institution's responsibility to notify SACSCOC or other applicable accrediting agencies in accordance with their substantive change policies, where required.

Approvals

Institution: _____ Date: _____

System/Governing Board Approval: _____ Date: _____

Commission Staff: _____ Date: _____

Site Code Assigned: _____ Date: _____